

PETITION OF APPEAL FROM DECISION OF
MIAMI-DADE COUNTY COMMUNITY ZONING APPEALS BOARD
TO THE BOARD OF COUNTY COMMISSIONERS

CHECKED BY _____ AMOUNT OF FEE 399.00

RECEIPT # _____

DATE HEARD: 2, 21, 03

BY CZAB # 15

RECEIVED
MAR 12 2003

ZONING HEARINGS SECTION
MIAMI-DADE PLANNING AND ZONING DEPT.
BY [Signature]

DATE RECEIVED STAMP

This Appeal Form must be completed in accordance with the "Instruction for Filing an Appeal" and in accordance with Chapter 33 of the Code of Miami-Dade County, Florida, and return must be made to the Department on or before the Deadline Date prescribed for the Appeal.

RE: Hearing No. 02-280

Filed in the name of (Applicant) Henry C. Morat, Trustee

Name of Appellant, if other than applicant Henry C. Morat, Trustee

Address/Location of APPELLANT'S property: Southeast corner of theoretical SW 132 Avenue (Pine Island Road) and Theoretical SW 284 Street, Miami-Dade County, Florida.

Application, or part of Application being Appealed (Explanation): The entire application is being appealed

Appellant (name): Henry C. Morat, Trustee, by his attorney Simon Ferro
hereby appeals the decision of the Miami-Dade County Community Zoning Appeals Board with reference to the above subject matter, and in accordance with the provisions contained in Chapter 33 of the Code of Miami-Dade County, Florida hereby makes application to the Board of County Commissioners for review of said decision. The grounds and reasons supporting the reverse) of the ruling of the Community Zoning Appeals Board are as follows:
(State in brief and concise language)

The Community Counsel erred in denying the application. The request, with the proffered covenant is compatible with the Land Use Plan and the general development pattern of the area. The application meets all levels of service and had the support and approval of the Director of the Planning and Zoning Department.

APPELLANT'S AFFIDAVIT OF STANDING
(must be signed by each Appellant)

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Before me the undersigned authority, personally appeared Henry C. Morat, Trustee, by his attorney, Simon Ferro, (Appellant) who was sworn and says that the Appellant has standing to file the attached appeal of a Community Zoning Appeals Board decision.

The Appellant further states that they have standing by virtue of being of record in Community Zoning Appeals Board mailer because of the following:

(Check all that apply)

- X 1. Participation at the hearing
 X 2. Original Applicant
 3. Written objection, waiver or consent

Appellant further states they understand the meaning of an oath and the penalties for perjury, and that under penalties of perjury, Affiant declares that the facts stated herein are true.

Further Appellant says not.

Witnesses:

Catherine Lucas
Signature

Catherine Lucas
Print Name

[Signature]
Appellant's signature

SIMON FERRO
Print Name

Carolyn P. Hodge
Signature

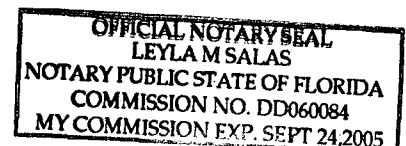
Carolyn P. Hodge
Print Name

Sworn to and subscribed before me on the 11th day of March year 2003.

Appellant is personally know to me or has produced _____ as identification.

Leyla M. Salas
Notary (Stamp/Seal)

Commission Expires:



APPELLANT MUST SIGN THIS PAGE

Date ____ day of ____ March ____, year: 2003

Signed _____

Print Name

Mailing Address

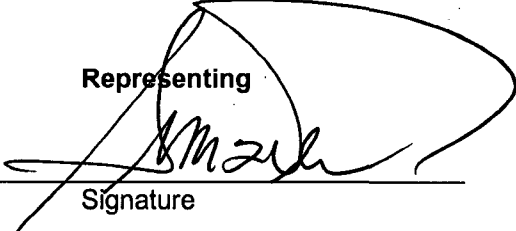
Phone

Fax

REPRESENTATIVE'S AFFIDAVIT

If you are filing as representative of an
association or other entity, so indicate:

Representing



Signature

SIMON FERRO

Print Name

1221 Brickell Avenue

Address

Miami

Florida

33131

City

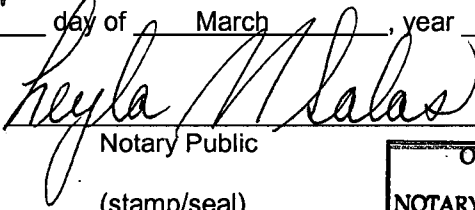
State

Zip

(305)579-0500

Telephone Number

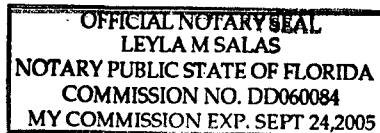
Subscribed and Sworn to before me on the 11th day of March, year 2003



Notary Public

(stamp/seal)

Commission expires:



Sec. 2 Twp. 57 R. 39

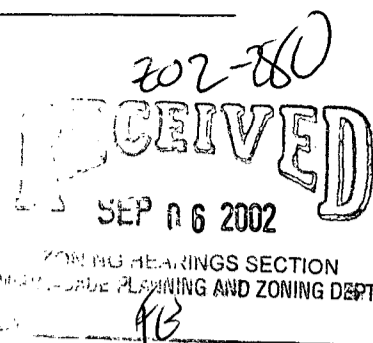
Receiv. X

ZONING HEARING APPLICATION

MIAMI-DADE COUNTY

ALL FOLIO NUMBERS ARE REQUIRED

30- 7902-000-0030



Date Received Stamp

PLEASE TYPE OR PRINT LEGIBLY, IN INK, ALL INFORMATION ON APPLICATION

1. Name of Applicant Henry C. Morat Trust.

a. if applicant is owner, give name exactly as recorded on deed.

b. if applicant is lessee, attach copy of valid lease of 1 year or more and Owner's Sworn-to-Consent form.

c. if applicant is corporation, partnership, limited partnership, or trustee, a separate Disclosure of Interest from must be completed.

Mailing Address 5701 SW 77 TERR

City Miami State Fla Zip 33143-5410

Tel. # (during working hours) _____ Other _____

2. Name of Property Owner Same

Mailing Address _____

City _____ State _____ Zip _____

Tel. # (during working hours) _____ Other _____

3. Contact Person Alicio Ping

Mailing Address 15500 NEW BARN RD

City Miami Lakes State Fla Zip 33016

Tel. # (during working hours) 823.2300 Other _____

4. LEGAL DESCRIPTION OF THE PROPERTY COVERED BY THE APPLICATION

a. if subdivided, provide lot, block, complete name of subdivision, plat book and page number.

b. if metes and bounds description, provide complete description, (including section, township and range).

c. submit 7 copies of a survey if property is odd-shaped (1" to 300' scale).

d. if separate requests apply to different areas, provide the legal description of each area covered by a separate request.

e. attach a separate, typed sheet if necessary. Verify the legal is correct.

The N¹/₂ of the SW¹/₄ of the NE¹/₄
All being in Section 2 Township 57
Range 39

5. Address or location of subject property: SEC 57
132nd AV
284 ST

6. Size of property: 660 ft. X 1320 ft. Acres 20 AC

7. Date subject property acquired ☒ or leased ☐ 6 day of July, 1967.

Term of lease _____ years/months.

8. Does property owner own contiguous property to the subject property? If so, give complete legal description of entire contiguous property. (If lengthy, please type on a sheet labeled "Contiguous Property".

No

9. Is there an option to purchase ☒ or lease ☐ the subject property or property contiguous thereto? ☒ yes or ☐ no

If yes, who are the potential purchasers or lessees? (Complete section of Disclosure of Interest form, also.)

Robert ELIAS Trustee

10. Present zoning classification(s): AU

11. REQUEST(S) COVERED UNDER THIS APPLICATION:

Please check the appropriate box and give a brief description of the nature of the request in the space provided. Be advised that all zone changes require a special exception to permit site plan approval except for rezoning to residential of 3 acres or less.

- ☒ District Boundary (Zone) Change(s):
Zone classifications requested RU-14a
- ☐ Special Exception to permit Site Plan Approval for _____
- ☐ Unusual Use _____
- ☐ Use Variance _____
- ☐ Non-use Variance _____
- ☐ Special Exception _____
- ☐ Modification of previous resolution/plan _____
- ☐ Modification of Declaration or Covenant _____

12. Has a public hearing been held on this property within the last year & a half? ☐ yes ☒ no

If yes, applicant's name _____

Date of hearing _____

Nature of hearing _____

Decision of hearing _____

Resolution # _____

13. Is this hearing being requested as a result of a violation notice? ☐ yes ☒ no

If yes, give name to whom violation notice was served

Nature of violation _____

14. Are there any existing structures on the property? ☐ yes ☒ no

If yes, briefly describe _____

15. Is there any existing use on the property? ☐ yes ☒ no

If yes, what is the use and when was it established? Use _____

Established _____

**APPLICANT'S AFFIDAVIT
OWNER OR TENANT AFFIDAVIT**

I, _____, being first duly sworn, depose and say that I am the
☐ owner ☐ tenant of the property described and which is the subject matter of the proposed hearing; that all the answers to the questions in this application, and all sketch data and other supplementary matter attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the application can be submitted and the hearing advertised.

Signature

Sworn to and subscribed to before me
this _____ day of _____, _____

Notary Public

Commission Expires _____

CORPORATION AFFIDAVIT

We, _____, being first duly sworn, depose and say that we are the ☐ President ☐ Vice President, and ☐ Secretary ☐ Asst. Secretary of the aforesaid corporation, and as such, have been authorized by the corporation to file this application for public hearing; that all answers to the questions in said application and all sketches, data and other supplementary matter attached to and made a part of this application are honest and true to the best of our knowledge and belief; that said corporation is the ☐ owner ☐ tenant of the property described herein and which is the subject matter of the proposed hearing. We understand this application must be complete and accurate before the application can be submitted and the hearing advertised.

President's Signature

(Corp. Seal)

ATTEST:

Secretary's Signature

Sworn to and subscribed to before me
this _____ day of _____, _____

Notary Public

Commission Expires _____

PARTNERSHIP AFFIDAVIT

We, the undersigned, being first duly sworn depose and say that we are partners of the hereinafter named partnership, and as such, have been authorized to file this application for a public hearing; that all answers to the questions in said application and all sketches, data, and other supplementary matter attached to and made a part of this application are honest and true to the best of our knowledge and belief; that said partnership is the ☐ owner/ ☐ tenant of the property described herein which is the subject matter of the proposed hearing. We understand this application must be complete and accurate before the application can be submitted and hearing advertised.

**TESTAMENTARY TRUST OF
HENRY C. MORAT**

Name of Partnership)

By Wayne A. Rotolante Trustee %
By WAYNE A. ROTOLANTE TRUSTEE %

By _____ %
By _____ %

Sworn to and subscribed to before me
this 4th day of SEPT., 2002.

Michael S. Jones
Notary Public
Commission Expires _____



Michael S. Jones
Commission # CC 793553
Expires JAN. 13, 2003
BONDED THRU
ATLANTIC BONDING CO., INC.

ATTORNEY AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the Owner of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketch data and other supplementary matter attached and made a part of this application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the application can be submitted and the hearing advertised.

Signature

Sworn to and subscribed to before me
this _____ day of _____, _____

Notary Public

Commission Expires _____

Date: / / Public Hearing No:

RESPONSIBILITIES OF THE APPLICANT
PLEASE READ CAREFULLY BEFORE SIGNING.

I hereby acknowledge that I am aware that the Department of Environmental Resources Management (DERM), the Public Works Department, and other County agencies review each zoning application and proffer comments that may affect its scheduling and outcome. These comments sometimes include requirements for an additional public hearing before DERM's Environmental Quality Control Board, (the EQCB) or other County boards, and/or the preparation and execution of agreements to run with the land which are recorded, prior to scheduling. I understand that it is my responsibility as the applicant or applicant's representative to promptly follow through with the Compliance of DERM or Public Works requirements or to advise this office in writing if the application will not go forward and may be considered *withdrawn*. Contact with the above mentioned agencies is advised prior to and during the hearing process. You may obtain the telephone numbers and locations of the reviewing departments at the Zoning Hearings Section Counter.

Fees: Further I understand that the hearing fees paid at the time of filing may not be the total cost of the hearing, that I will be advised of the following fees which must be paid promptly:

1. additional radius fee. Certain requests require that notices be mailed to all property owners within a ½ mile and in some instances, a mile of the subject property. The number of actual property owners is determined by computer and you will receive a bill for the additional radius fees approximately one month after filing.
2. revision fee, deferral or readvertising fee (if applicant requests deferral), and/or
3. other fees assessed for changes or additions to the hearing application or plans.

I am aware that applications withdrawn within 60 days of the date of filing are eligible for refund of 50% of the hearing fee. After that time, hearings that are withdrawn or returned for inaction will *not* be eligible for a refund.

Permit Requirements: I also understand that the South Florida Building Code may contain requirements that affect my ability to obtain a required building permit from the Building Department (10th Floor) for my project, even if my zoning application is approved at public hearing. I am aware that a Building Permit is required for almost all construction and that I am responsible for obtaining any required permits, all required inspections, and the Certificate of Use and Occupancy or Certificate of Completion for any and all structures and additions whether proposed or existing without permits. Additionally, I am aware that a Certificate of Use and Occupancy must be obtained for the use of the property, after it has been approved at Zoning Hearing, and that failure to obtain the required permits and/or Certificates of Completion or Use and Occupancy will result in the initiation of Enforcement action against the occupant and owner. I further understand that submittal of the Zoning Hearing application will not necessarily forestall enforcement action against the property.

Residential construction within 2 miles of a Blasting Site: Persons applying for a residence or residential development located within two miles of a permitted rock mining operation where blasting is permitted must record in the public records of Miami-Dade County a notice that the proposed development is within two miles of the blasting site, prior to the issuance of the first development permit. The notice must provide the location of the blasting site and state that such blasting is regulated by Chapter 13 of the Code of Miami-Dade County. Notice must be given to and signed by buyers with purchase contracts within the development. Maps showing permitted rock mining operations where blasting is permitted in Miami-Dade County are available in the Department of Planning and Zoning (DP&Z) and in the Public Works Department. Any developer may request a written opinion from the Director of Public Works as to whether a development is located within the two-mile area.

Wayne A. Rotolante Trustee

(Signature)

WAYNE A. ROTOLANTE TRUSTEE

(Print Name)

Notary: Sworn to and subscribed before me this
4th day of SEPT., 2002.

Michael S. Jones

Notary Public - State of Florida

My commission expires _____



Michael S. Jones
Commission # CC 793553
Expires JAN. 13, 2003
BONDED THRU
ATLANTIC BONDING CO., INC.

OWNERSHIP AFFIDAVIT
FOR
TRUSTEE

STATE OF FLORIDA
COUNTY OF MIAMI - DADE

Public Hearing No. _____

Before me, the undersigned authority, personally appeared WAYNE A. ROTOLANTE TRUSTEE, hereinafter the Affiant, who being duly sworn by me, on oath, deposes and says:

1. Affiant is the Trustee of the Trust which owns the property which is the subject of the proposed hearing.
2. Affiant is legally authorized as Trustee to apply for the proposed hearing.
3. The subject property is legally described as: THE NORTH 1/2 OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 ALL BEING IN SECTION 2, TOWNSHIP 57 SOUTH, RANGE 39 EAST MIAMI - DADE COUNTY, FLORIDA FOLIO: 30-7902-000-0030
4. Affiant understands this affidavit is subject to the penalties of law for perjury and the possibility of voiding of any zoning granted at public hearing.

Witnesses:

Michael S. Jones
Signature
MICHAEL S. JONES
Print Name
Brian H. Rotolante
Signature
BRIAN H. ROTOLANTE
Print Name

Wayne A. Rotolante Trustee
Affiant's signature
WAYNE A. ROTOLANTE TRUSTEE
Print Name

Sworn to and subscribed before me on the 4th day of SEPT., 2002,
Affiant is personally known to me or has produced _____ as
identification. AND WHO DID TAKE AN OATH.



Michael S. Jones
Commission # CC 793553
Expires JAN. 13, 2003
BONDED THRU
ATLANTIC BONDING CO., INC.

Michael S. Jones
Notary Public, State of FLORIDA
MICHAEL S. JONES
Print Name

My Commission Expires:

Notice to all Applicants

Advisory from the County Attorney's Office

A recent decision of the Third District Court of Appeal has ruled that zoning applications that are inconsistent with the Comprehensive Development Master Plan **cannot** be approved by a zoning board based upon considerations of fundamental fairness. The County Attorney's Office is seeking review of this decision in the Florida Supreme Court.

In the interim applicants are advised that if their hearing request is determined to be inconsistent with the Comprehensive Development Master Plan and they decide to go forward with the public hearing they cannot be approved, but could only be denied or deferred.

Applicants are further advised that if they wish to rely on fundamental fairness in seeking approval, a request for deferral pending the Court's final decision would be an appropriate request. Deferral will allow applicant's to present their fundamental fairness arguments and exhaust any remedies related thereto should the court ultimately modify the ruling.

By signing below the applicant acknowledges that they have read and understood this Notice.

Wayne A. Rotolante TRUSTEE
Signature

SEPT. 4, 2002
Date

WAYNE A. ROTOLANTE TRUSTEE
Print name

5701 SW 77 TERRACE MIAMI FL 33143
Address

(305) 665-1711
Telephone

— 100 —

CORPORATION NAME	
<u>NAME. ADDRESS AND OFFICE</u>	<u>Percentage of Stock</u>

[illegible][illegible]

If the property which is the subject of the application is owned or leased by a PARTNERSHIP OR LIMITED PARTNERSHIP, list the principals of the partnership, including general and limited partners. [Note: Where the partner(s) consist of another partnership(s), corporation(s), trust(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity].

PARTNERSHIP OR LIMITED PARTNERSHIP NAME

NAME AND ADDRESS

Percentage of Ownership

If there is a CONTRACT FOR PURCHASE, whether contingent on this application or not, and whether a Corporation, Trustee or Partnership list the names of the contract purchasers below, including the principal officers, stockholders, beneficiaries or partners. [Note: Where the principal officers, stockholders, beneficiaries or partners consist of another corporation, trust, partnership or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity].

Robert Elias, trustee

NAME

NAME, ADDRESS AND OFFICE (if applicable)

Percentage of Interest

- <u>Royal Group Pension Plan</u>	<u>66%.</u>
<u>ALICIA PINA</u>	<u>50%.</u>
<u>NIRMA PINA</u>	<u>50%.</u>
- <u>J.S.M. Holding corp Inc</u>	<u>33%.</u>
<u>Michael S. Jones</u>	<u>50%.</u>
<u>Linda H. Jones</u>	<u>50%.</u>

Date of contract:

9/03/02

If any contingency clause or contract terms involve additional parties, list all individuals or officers, if a corporation, partnership or trust.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For any changes of ownership or changes in contracts for purchase subsequent to the date of the application, but prior to the date of final public hearing, a supplemental disclosure of interest shall be filed.

The above is a full disclosure of all parties of interest in this application to the best of my knowledge and belief.

Signature: Wayne A. Rotolante
WAYNE A. ROTOLANTE TRUSTEE

(Applicant) _____

Sworn to and subscribed before me,

this 4th day of SEPT., 2002

(SEAL)

Michael S. Jones
Notary Public, State of Florida at Large

My Commission Expires:



Michael S. Jones
Commission # CC 793553
Expires JAN. 13, 2003
BONDED THRU
ATLANTIC BONDING CO., INC.

*Disclosure shall not be required of: 1) any entity, the equity interests in which are regularly traded on an established securities market in the United States or another country; or 2) pension funds or pension trusts of more than five thousand (5,000) ownership interests; or 3) any entity where ownership interests are held in a partnership, corporation or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership and where no one (1) person or entity holds more than a total of five per cent (5%) of the ownership interest in the partnership, corporation or trust. Entities whose ownership interests are held in a partnership, corporation, or trust consisting of more than five thousand (5,000) separate interests, including all interests at every level of ownership, shall only be required to disclose those ownership interest which exceed five (5) percent of the ownership interest in the partnership, corporation or trust.

DISCLOSURE AFFIDAVIT FOR TRUST

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority in said County and State, personally appeared WAYNE A. ROTOLANTE, as Trustee of Henry C. Morat Testamentary Trust, Federal I.D. No. 59-1264635, who being first duly sworn, deposes and says:

1. Affiant states that he is the owner of and holds title to that certain real property described as:

The North ½ of the Southwest ¼ of the Northeast ¼ all being in
Section 2, Township 57 South, Range 39 East, Miami-Dade County,
Florida; also known as:
Miami-Dade County Folio: 30-7902-000-0030


2. Affiant certifies that the names and addresses of every person having a beneficial interest in said real property, however small or minimal, are:

LIST ON DISCLOSURE OF OWNERSHIP

<u>NAME</u>	<u>TITLE</u>	<u>PERCENT</u>	<u>ADDRESS</u>
Roger F. Rotolante	Beneficiary	14.28%	5701 SW 77 Terr, Miami, FL 33143
Wayne A. Rotolante	Beneficiary	14.28%	5701 SW 77 Terr, Miami, FL 33143
Brian H. Rotolante	Beneficiary	14.28%	5701 SW 77 Terr, Miami, FL 33143
Denis W. Rotolante	Beneficiary	14.28%	5701 SW 77 Terr, Miami, FL 33143
David N. Rotolante	Beneficiary	14.28%	5701 SW 77 Terr, Miami, FL 33143
Joel S. Rotolante	Beneficiary	14.28%	5701 SW 77 Terr, Miami, FL 33143
Lisa R. Rotolante Criado	Beneficiary	14.28%	5701 SW 77 Terr, Miami, FL 33143

3. Affiant states that statements contained in this Affidavit are true and any false statement contained herein is subject to the penalties prescribed for perjury.

FURTHER AFFIANT SAYETH NAUGHT.



WAYNE A. ROTOLANTE TRUSTEE
5701 S.W. 77th Terrace
Miami, Florida 33143-5410

SWORN TO AND SUBSCRIBED before me this day of September 4 , 2002, by
WAYNE A. ROTOLANTE TRUSTEE who is personally known by me and who
produced the following Identification Fla Drivers License R345-881-45-288 O
and who did take an Oath.



Michael S. Jones
Commission # CC 793553
Expires JAN. 13, 2003
BONDED THRU
ATLANTIC BONDING CO., INC.



Print Name: MICHAEL S. JONES
NOTARY PUBLIC, State of Florida at Large
My Commission Expires: January 13, 2003